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01-19-01

PTO/SB/50 (08-00)

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No.	CFP-811-1 / 15722-222
First Named Inventor	Scott Wu
Original Patent Number	6,055,732
Original Patent Issue Date (Month/Day/Year)	05/02/2000
Express Mail Label No.	EL 783331523 US

### APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ \* Fee Transmittal Form (e.g., PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☒ Applicant claims small entity status. See 37 CFR 1.27
- ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?  
☐ Yes ☒ No

(If Yes, check applicable box(es))

☐ Written Consent of all Assignees (PTO/SB/53)

☐ 37 C.F.R. § 3.73(b) Statement  
(PTO/SB/96)

☐ Power of  
Attorney

### ACCOMPANYING APPLICATION PARTS

- ☐ Statement of status/support for all changes to the claims See 37 CFR 1.173(c).
- ☒ Original U.S. Patent for surrender  
☒ Ribbioned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- ☒ Information Disclosure Statement (IDS) PTO-1449 ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☒ Preliminary Amendment (3 pages)
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☒ Other: PCT Search Report (2 pages): Check in the amount of \$355.00

### 14. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or



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Signature		Date	01/18/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

**REISSUE APPLICATION FEE TRANSMITTAL FORM**Docket Number (Optional)  
CFP-811-1/ 15722-222**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 8	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 16	**** 0	X\$0=	0	or	X\$ _____
(C) 1		(D) 2	* 0				=
Basic Fee (37 CFR 1.16(h))					\$355		\$ _____
Total Filing Fee					\$355	OR	\$ _____

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 20	MINUS	** 20	=0	X\$0=	0	or	X\$ _____
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	**** 3	=0	X\$0=	0		X\$ _____
Total Additional Fee					\$0		OR	\$ _____

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-1188.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 355 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

January 18, 2001

Date

  
 Signature of Applicant, Attorney or Agent of Record

Alan Kamrath, Attorney of Record

Typed or printed name